

**BEST AVAILABLE COPY**

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		7/1
O.I.P.E. CLASSIFIER			11/1
FORMALITY REVIEW	PS	71480	7-21-98

## **INDEX OF CLAIMS**

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral)	Canceled	A	.....	Appeal
÷	.....	Restricted	O	.....	Objected

Claim	Date
Final	Original
1	12/19/00
2	12/19/00
3	12/19/00
4	12/19/00
5	12/19/00
6	12/19/00
7	12/19/00
8	12/19/00
9	12/19/00
10	12/19/00
11	12/19/00
12	12/19/00
13	12/19/00
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41	12/19/00
42	12/19/00
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45	12/19/00
46	12/19/00
47	12/19/00
48	12/19/00
49	12/19/00
50	12/19/00

Claim	Date
Final	Original
51	1/18/64
52	
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If more than 150 claims or 10 actions  
staple additional sheet her